

New Patient Registration Pack



RBHRF001

This form is to register as an NHS patient with Studholme Medical Centre. Please complete the details below in CAPITALS and delete as appropriate at the *. **Please bring to the surgery with 2 forms of photo ID and proof of address.**

*Mr / Mrs / Miss / Ms _____ Surname _____

Date of Birth

D	D	M	M	Y	Y	Y	Y
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 First Name(s) _____

NHS No _____ Previous Surname(s) _____

*Male / Female _____ Town & Country of Birth _____

Home Address _____

_____ Postcode _____ Is this a residential Home? **Yes / No**

Phone Number: Home _____ Work _____ Mobile _____

Email Address _____

Ethnic Group (*please circle*)

White UK White European (*please specify*) _____ Irish Black Caribbean Black African

Black Other Indian Pakistani Bangladeshi Chinese Other Ethnic (*please specify*) _____

First language: English - **Yes / No** If **No**, please specify _____) _____

Please help us trace your previous medical records by providing the following information

Have you been registered with this practice before? **Yes / No** (*please circle*)

Your previous address in UK _____

_____ Postcode _____

Name of previous doctor while at this address _____

Address of previous doctor _____ Postcode _____

If you are from abroad

Your first UK address when registered with a GP _____

If previously resident in UK, date of leaving _____ Date you first came to live in the UK _____

If you are returning from the Armed Forces

Address before enlisting _____

Service _____ or _____ personnel _____ number _____ Enlistment date

D	D	M	M	Y	Y	Y	Y
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If you are registering a child under 5, please tick if appropriate

[] I wish the child above to be registered for Child Health Immunisations

PLEASE SIGN BELOW as *signature of patient or *on behalf of patient _____

..... Date _____

Page 2 of 5



RBHRF001

NHS Organ Donor registration

I would like to join the NHS Organ Donor Register as someone whose organs may be used for transplantation after my death. **Please circle** as appropriate:

- Kidneys
- Heart
- Liver
- Corneas
- Lungs
- Pancreas
- Small bowel
- Tissue
- Any part of my body

Signature confirming consent to organ donation

For more information, please ask for the leaflet on joining the NHS Organ Donor Register

NHS Blood Donor registration

I would like to join the NHS Blood Donor Register as someone who may be contacted and would be prepared to donate blood.

Tick here if you have given blood in the last 3 years

Signature confirming consent to inclusion on the NHS Blood Donor Register

_____ Date

D	D	M	M	Y	Y	Y	Y
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For more information, please visit the National Blood Service website www.blood.co.uk

My preferred address for donation is: *(only if different from your current address, e.g. your place of work)*

_____ Postcode: _____

Summary Care Record OPT OUT FORM

Page 3 of 5

YOUR NAME: _____ DATE OF BIRTH: _____

Studholme Medical Centre offers its patients the choice of having a Summary Care Record.

The new NHS Summary Care Record has been introduced to help deliver better and safer care and give you more choice about who you share your healthcare information with.

What is the NHS Summary Care Record?

The Summary Care Record contains basic information about:

- any allergies you may have,
- unexpected reactions to medications,
- and any prescriptions you have recently received.

The intention is to help clinicians in A & E Departments and 'Out of Hours' health services to give you safe, timely and effective treatment. Clinicians will only be allowed to access your record if they are authorised to do so and, even then, only if you give your express permission. You will be asked if healthcare staff can look at your Summary Care Record every time they need to, unless it is an emergency, for instance if you are unconscious. You can refuse if you think access is unnecessary.

Children under the age of 16

Patients under 16 years will not receive this form, but will have a Summary Care Record created for them unless their GP surgery is advised otherwise. **If you are the parent or guardian of a child then please either make this information available to them or decide and act on their behalf. Ask the surgery for additional forms if you want to opt them out.**

You do not have to have a Summary Care Record, although you are strongly recommended to consider this choice. If you are happy for a Summary Care Record to be set up for you then you need take no further action. If you want to opt-out now please tick the box below and return it to Reception as soon as possible.

Please sign below if you do not want a Summary Care Record:

No I do not want a Summary Care Record

Date _____

Signed _____

Hand this form in at your Surgery if you wish to "Opt-Out"

STUDHOLME CONSENT FORM – FOR USE OF SMS TEXTING
Consent to receive appointment reminders by SMS text message

APPOINTMENT REMINDER BY TEXT (Example)

We will get in touch with you approximately 1 day before your appointment is due.

The text will not identify the sender and will read as follows:

Your appointment is with Dr Alfred Doctor on Sun 14 Feb 2016 at 10:20. To cancel, reply 123 to this message or call 01784 420700

Please let us know if your phone is lost, stolen or **you have changed your number**

Thank you

The practice may wish to contact you by SMS Texting to remind you about a forthcoming appointment and/or if you do not attend a booked appointment.

Please confirm your mobile phone number:

- I agree to the practice communicating with me by Short Messaging Service (SMS or Text).
- I confirm that the mobile number the practice holds on my record is correct and I will notify them of any changes.
- I agree to receive a reminder of my appointment by SMS.
- I am aware that I can withdraw consent at any time by informing the practice either verbally or in writing.

NHS Number: **DOB:**

(Name)

Signature:

Consent obtained by:

(Name).....

Signature:

Acceptable Identification Documents for Registration at the Practice

Name Identification	Address Identification
<ul style="list-style-type: none"> • Current signed full passport • Current UK driving licence • Blue disabled drivers pass • Current benefits or State Pension notification letter confirming rights to benefits for the current period • Current HMRC tax notification e.g. PAYE coding, statement of account (P45's & P60's are not official HMRC documents) • Shotgun or Firearms certificate • Travel documents issued to foreign nationals granted permission to remain in the UK • Current EU/EEA driving licence • Residence permit issued by the Home Office to EU nationals • EU/EEA member state identity card 	<ul style="list-style-type: none"> • Recent utility bill or statement showing current address in our area • Local Authority tax bill for current year • Bank or Building society statements • Credit/store card statement • Mortgage statement • Local Council rent card • Tenancy agreement • Solicitors letter confirming recent purchase of your property
<p><u>Under 16's</u> Children under the age of 16 whose Parent/Guardian is registered with the Practice or registering at the same time will need to provide either:</p> <ul style="list-style-type: none"> • Original Birth Certificate or a certified copy • Passport 	

If you are unable to provide any of the above documents please speak to a member of the Reception team who will be able to advise alternative documents.